

ends are more pointed, the sides are more concave, and the stain is rarely taken as evenly as by "type a."

This is not a complete description of the morphology of this type, but a few observations concerning a bacillus well known, often encountered, and variously named. If it can be generally agreed that this is a distinct variety, bearing no relation to *B. diphtheriæ*, and a distinctive name is given it, a great deal will be gained in classifying diphtheria-like bacilli, for it is certain that this organism is responsible for more difference of opinion in the examination of cultures from well persons than any other of the pseudodiphtheria bacilli.

A REPORT OF THREE MEDICOLEGAL CASES INVOLVING THE DIAGNOSIS OF CHRONIC DELUSIONAL INSANITY.¹

BY SANGER BROWN, M.D.,
OF CHICAGO.

My present purpose is not to discuss *in extenso* chronic delusional insanity, but merely to report briefly three medicolegal cases encountered in practice during the past year, in which the diagnosis mainly involved a consideration of that particular form of alienation, and, finally, to enunciate certain diagnostic criteria deducible from the histories presented.

CASE I.—B. C. (seen at Detention Hospital), aged forty-two years, married, coal-dealer; correct habits, general health and family history good; came to Chicago from Germany at the age of fourteen, and soon after twenty started in business successfully for himself and proposed marriage to a former schoolmate, who accepted his offer, coming from the old country to consummate the ceremony. The union was a fruitful and happy one. Both were active and consistent church members, their clergyman often citing theirs as the model family of his rather large congregation.

About two years prior to the date of my visit B. C. returned home, not by design, but quite unexpectedly, however, and found D. alone in the family bedroom with his wife; the children all on the floor below by order of the mother, and she sitting on the bed, which had the appearance of having been used; D.'s clothing was disarranged. Now, D. had gone to school in the old country with both B. C. and his wife, and had accompanied the latter on her voyage to this country, and B. C. had given him work some years before, which threw the suspected parties much together, as B. C.'s residence stood in the yard where D. was employed. B. C. said he could have killed D. then and there, but refrained from making a scene on account of his family. D. never came to the house again, though he had formerly been a frequent visitor there.

¹ Also sometimes designated monomania, paranoia, and reasoning insanity. Read at the Illinois State Medical Association, April 29, 1903.

After this B. C. frequently upbraided his wife for her frailty, but did not speak of it to a third party until over a year later, when on the occasion of a social gathering at their home he chanced to discover her in the arms of F. in a stairway, whereupon he shortly afterward confided his trouble to his clergyman, and subsequently the wife confessed. All was peaceful until a few days later, when she told B. C. that the confession was a bogus one, and that she made it at the instigation of his mother and the clergyman in order to placate B. C.'s "fixed idea." This the clergyman denied *in toto*, at least in so far as his connivance was concerned.

Now, B. C. became more demonstrative than ever, at times loudly taunting and denouncing his wife before the children, even insinuating to her that one of them, differing in appearance from the others, was the offspring of D., and that possibly their illicit relations had begun as they voyaged together to this country, and he likewise recalled incidents which he thought gave support to this hypothesis. Finally, his fellow-deacons tried to heal the breach, but without success. The congregation divided on the subject, and B. C. was summarily arrested while at work and taken to the Detention Hospital.

The hearing in court developed no material facts in addition to those stated. I felt warranted in testifying that the charge of insanity had not been sustained,¹ because, even though B. C.'s conclusions might have been unwarranted, his accusations were based wholly upon and never extended beyond the two incidents above named. No evidence was forthcoming—and I sought carefully for it—of any vague or general suspicions either before or after these occurrences. B. C. was acquitted, has since lived apart from his wife, but contributes fairly to the support of her and their children, and attends to business as formerly; but his opinion regarding his wife's infidelity remains unchanged.

CASE II.—G. H. (seen at a private sanitarium, where he was in custody pending trial), aged fifty-four years, married, practical mechanic, inventor, and manufacturer; correct habits, general health and family history good. Married happily in early life, and has three married children. Though they have lived in amity, his wife states that she has always had to reckon with his excessive jealousy in her social relations.

Two or three months prior to the date of my visit G. H. conceived the idea that his wife was practising masturbation, observed her narrowly, and thought her attitudes and movements, especially in bed, proved his suspicions; would lie awake in an adjoining room at night listening; secured a powerful flashlight, which he turned upon her frequently while she slept, in order to take her unawares and define accurately her position. Finally, he told her he was certain she was a confirmed and almost constant masturbator, and begged her to go to a sanitarium for treatment.

Several weeks were consumed up to this point, at which time he likewise confided his suspicions to one of his sons-in-law, and added he was certain his wife was also having sexual intercourse with her house dog. Matters went on thus till about a week previous to my visit, when, at their summer home, where she was staying with her children, he accused his wife of criminal intimacy with K., a gentleman neither he nor she had ever met, and cited certain noises he heard about the house at night as confirmation of the charge. He shortly told his son-in-law he

¹ This diagnosis may seem to contradict the title of the paper.

was certain by the way his wife looked at men generally and the way her glances were returned that her sexual irregularities and marital infidelity were commonly known; he was greatly exasperated when his confidant ridiculed his stated convictions.

Finally, a day or two later, the family having assembled in the sitting-room, he appeared at the door with a loaded pistol in each hand and opened fire, saying excitedly that he would "compel them to listen to him." He did not appear to be actuated by anger against his wife, and did not aim at her particularly. Fortunately, he was overpowered before anyone was hurt, though one of the bullets passed through the sleeve of a member of the group. After his arrest, which immediately followed, he made several conflicting statements regarding his purpose in shooting. To me he admitted it was very foolish, but firmly maintained the correctness of the convictions above expressed.

Obviously here the delusive conceptions and conclusions germinated and flourished altogether upon a pathological activity of certain cerebral neurones or essential cerebral elements. In other words, they rested entirely upon a subjective basis; hence a diagnosis of insanity might be confidently pronounced.

Incidentally, pending the legal proceedings, G. H. had a large and painful hemorrhoid removed—he had been troubled with piles more or less for many years—and on recovering from the anæsthesia his delusions appeared to have vanished. He apologized to his wife, who was present, and three weeks subsequently the legal proceedings were dismissed, no recurrence of his delusive ideas having been manifested in the meantime.

CASE III.—L. P. (appeared in court as defendant in a charge of insanity preferred by the members of his immediate family), aged fifty-four years, merchant, married, three grown children; habits correct, general health and family history good, except that two maternal uncles became insane after middle life.

In his early twenties he married a charming and estimable young lady of distinguished family, and lived happily with her until about three years prior to the above date, when the shadow about to be described first fell across their path.

L. P. developed the idea, without any alteration of conduct on her part, that his wife was unfaithful to him; that she kissed her brother-in-law, a venerable clergyman, in a suggestive manner and quite unlike she had done before; and that further she lodged him in their house on an occasion when he paid them a visit, as he frequently did, with a view to having illicit sexual intercourse with him; that generally she admitted men surreptitiously and indiscriminately to the house for the same purpose, even specifying mechanics who were making repairs; and that his daughter, a girl of eighteen, and his mother-in-law, a lady nearly eighty, who lived in his home, were cognizant of his wife's transgressions, and aided and abetted her in them. After he had pledged them to secrecy, the coachman and housemaid were offered a large sum if they could furnish conclusive evidence of his conviction, and he showed them how to spy unobserved into certain rooms where he suspected his wife habitually participated in illicit sexual orgies. Later he confided his conviction to his grown son, and asked him to carefully watch the rear of the house at night to see if men—no particular man—did not surreptitiously enter. He smelled his wife's menstrual napkins to determine whether or not he

could determine an odor of semen upon them, claiming that he could do so—thus to his own mind conclusively confirming his suspicions. In company with his wife they met a mutual friend at a golf club, and he knew by the glances exchanged that they would remain at the clubhouse and cohabit while he was out on the course playing.

Afterward he sent a telegram to a favorite relative living a thousand miles distant to meet him half-way, as he had something of vital importance to communicate. At the meeting he related the above and much more of a similar nature as facts about which there could be no doubt. His relative accompanied him home, and, with the co-operation of others, succeeded in getting him to retract his charges, become reconciled to his wife, and take a trip for his health. This partial remission of his delusions occurred about eight months from the date of their first appearance. He returned home after about two months' absence, having, while away, however, occasionally thought he was being watched by detectives. A few weeks after his return his delusions recurred with full force, and continued up to the time of the trial. In the meantime he made several extended trips abroad, at times thinking he was in imminent danger of arrest and incarceration, sometimes even disappearing and concealing his whereabouts for several weeks together. Finally, shortly before the hearing, he ordered the proper allowance he had formerly made his wife reduced to a mere pittance, and stipulated further that she might only receive this on condition that she take up her residence outside the city limits, asserting that her conduct justified him in forcing this humiliation upon her.

Many business acquaintances testified that they had known L. P. for many years; had met him during the period covered by this investigation, and had never seen anything in him indicating insanity. And, indeed, it may here be stated that in none of the three cases under discussion was there anything in the demeanor, deportment, or general conversation suggestive of mental derangement. To the casual observer there was no noticeable impairment of judgment or of any of the mental faculties. Hence it not infrequently happens that a petition for the application of legal restraint to such patients is denied by a jury, which thus, perhaps, unwittingly, permits the perpetration of a terrible but preventable tragedy.

For the reasons stated in the preceding case I had no hesitation in testifying that L. P. was insane, and, further, that his expressed attitude relative to the reduction of his wife's allowance afforded ample ground for apprehending that he might make a homicidal attempt upon any of the parties concerned in his morbid convictions. The jury disagreed, and, after a few weeks, L. P. in the meantime having made a division of his income satisfactory to his family, the legal proceedings were dropped. He, however, still retains his delusions as before.

The essential diagnostic problem in these cases was whether the particular ideas in question were conceived and elaborated on a basis of objective data, denoting cerebral reactions not inconsistent with those natural to the individual, or whether they were wholly or essentially subjective, the product of autogenous pathological cerebral activity. In either case the conclusions reached might be ever so erroneous—delusions, indeed; only in the latter, however, could they properly be desig-

nated as insane delusions. If these criteria are kept clearly in view, the difficulty of reaching a correct diagnosis in these cases may, I think, be to some extent simplified.

Though Cases II. and III. are clearly illustrative of the inception and early course of chronic delusional insanity, and happen to exhibit many singular similarities, it would be erroneous to infer that they represent the most usual type of that disorder. It commonly commences in early life, even during adolescence, and, while the delusions frequently involve some phase of the sexual sphere, this is by no means constant. Indeed, the range and strength of the delusions present almost infinite variations when a large number of cases is examined. All, however, and I think this may be applied to insanity generally, exhibit in common the criterion cited above. That is, to repeat, the delusions rest upon a subjective basis, represent a morbidly autogenous manifestation of cerebral energy. In fact, the cerebral disturbance may be so great as to give rise to hallucinations of the special senses, morbid activity of the cortical centres related to the organs of special sense being erroneously accepted by the patient as the normal exercise of these organs.

The character of the delusions and the temperament of the individual in which they occur determine his conduct. Some of the subjects of this disorder, after having learned by experience that assertion of their peculiar convictions means deprivation of liberty, are able to repress them and live at large, sometimes even conducting an extensive business successfully; while others comprise the most dangerously homicidal patients ever encountered in the wards of a hospital for the insane.

Though subject to some fluctuations, or even complete remissions in its early stages, when the disease is once fairly seated permanent recovery is exceedingly rare.

MERCURIAL NEPHRITIS.*

BY JOHN M. SWAN, M.D.,

DEMONSTRATOR OF OSTEOLOGY, UNIVERSITY OF PENNSYLVANIA; PATHOLOGIST TO ST. MARY'S HOSPITAL; INSTRUCTOR IN CLINICAL MEDICINE, PHILADELPHIA POLYCLINIC.

(From the Chemical Laboratory, Medical Department, University of Pennsylvania.)

IN the concluding paragraph on the subject of mercury, H. C. Wood⁶ says that "it appears to be established that certain disagreeable and perchance serious effects may be produced by mercurials when freely and continuously used in the treatment of syphilis, against which the practitioner must be on his guard. The most important of these is nephritis, with its consequent albuminuria."

* Read before the College of Physicians, Philadelphia, November 4, 1903.